Report Supplementary Material 1: Summary of drug contextual data in other UK regions

Last year drug prevalence by UK region

Drug prevalence surveys provide estimates of drug use amongst the general population: the figures reported here were sourced from surveys covering drugs prevalence in UK regions.[1-3] In Northern Ireland in 2014/15, according to the Drug Prevalence Survey the proportion of adults reporting use of any illegal drug within the last year was (5.9%). Use of illegal drugs in the last year was 6.4, 9.4, 6.6 for the years 02/03, 06/07, and 10/11 respectively. Note, the 2014/15 figure was not directly comparable with previous available year as methadone and novel psychoactive substance were only introduced in to the illegal drug category in 2014/15. None of the last year prevalence composite drug categories in the England/Wales or Scotland Crime Surveys match the Illegal drug category used in the NI drug prevalence survey and therefore are not reported here. Subcategories of substance use for England/Wales and Scotland are, however, reported in Table 31.

Last year drug prevalence figures for UK regions and NI Heath and Social Care Trust (HSCT) by substance type are shown in Table 31. Across all regions the most commonly reported drug used in the year preceding 2014/15 was cannabis. There was evidence of changes in the market over time. For example, statistically significant reductions in NPS last year prevalence from 2014/15 to 2010/11 were seen in the South Eastern and Western trusts (1.4 and 1.1 in 2010/11). While more recent data is available for England/Wales (i.e. 2015/16), 2014/15 figures are reported here to facilitate comparisons with NI. In England and Wales, between 2005/06 and 2015/16 there was a significant increase in the prevalence of cocaine including crack (7.4 to 9.7), cocaine powder (7.3 to 9.7), ecstasy (7.3 to 9.4); decreases were seen for LSD (5.6 to 4.4) and amphetamines (excluding methamphetamine; 11.7 to 10.1).

Statistical comparisons of NI sub-regions in 2014/15 indicate similar last year prevalence rates for most drug types. Exceptions include the 'illegal drug' composite category, where the lowest rates were found in the Northern HSCT and the highest in the Belfast HSCT. In addition, for the 'other opiates' composite category in 2014/15, the highest last year prevalence was reported in the South Eastern HSCT and the lowest in the Western HSCT. Compared to NI there was less coverage of prescription drug last year prevalence in England, and in particular Scotland. This may be because in England and Scotland last year prevalence was established through crime surveys where the focus may have been more on illegal drug use. Note confidence intervals for England and NI for sedatives/tranquilisers do not overlap.

Table 31: Last year prevalence (%) of drug use by NI HSCT in 2014/15 according to the Drug Prevalence Survey[1-3].

	NI HSCT					Northern Ireland	England and Wales	Scotland
	Belfast	Northern	South Eastern	Southern	Western			
Any illegal drug	8.8	4.5	6.5	4.9	5.1	5.9	-	-
Cannabis	6.6	4.0	4.6	3.2	4.4	4.6	6.7	5.0
Ecstasy	1.4	0.4	1.3	0.7	0.6	0.8	1.7	1.3
Cocaine						1.8	2.3	1.8
(including crack)	3.2	1.7[d]	2.3	1.1	0.8			
Cocaine powder	3.2	1.7[d]	2.3	1.1	0.8	1.8	2.3	-
Magic						0.4	0.5	0.2
mushrooms	1.4[b]	0.0	0.4	0.0	0.0			
Amphetamines	1.0	0.2	0.4	0.6	0.2	0.5	0.6	0.6
Poppers	2.0	0.4	1.0	0.4	1.9[d]	1.1	-	0.6
LSD	1.4	0.2	0.2	0.4	0.2	0.5	0.4	0.2
Mephedrone	1.0	1.1	0.0	0.6	0.2[a]	0.6	0.5	0.3
NPS	0.8	0.4	0.0[a]	0.4	0.0[a]	0.3	-	-
Solvents	0.0	0.0	0.0	0.0	0.0	0.0	-	-
Crack	1.2	0.0	0.2	0.0	0.0	0.3	0.1	0.1
Heroin	0.2	0.0	0.4	0.0	0.2	0.2	0.1	0.2

Other opiates	14.0	7.6	15.7[b]	6.9	6.1[b]	10.0	-	-
Sedatives or tranquilisers	12.8	9.3	12.1	9.2	7.9	10.3	0.5	-
Anti-depressants	17.6	13	12.8	12.6	14.4	14.0	-	-
Anabolic steroids	1.6	0.4	0.2	0.6	0.6	0.6	0.2	-
Methadone	0.6	0.0	0.2[a]	0.4	0.2	0.3	0.1	0.1

Note. Source for NI data is the Drug Prevalence survey of 15-64 year olds. Prevalence is not available for 2002/03 or 2006/07 in the Belfast or South Eastern HSCTs. Any illegal drug refers to cannabis, ecstasy, cocaine powder, magic mushrooms, amphetamines, poppers, LSD, novel psychoactive substances, mephedrone, solvents, crack, heroin. Prior to 2014/15, mephedrone and novel psychoactive substances were not included in this category. [a] significant decrease from 2010/11; [b] significant increase from 2010/11; [c] significant decrease from 2002/03; [d] significant increase from 2002/03

England/Wales 2014/15 data comes from the Crime Survey for England & Wales of 16-59 year olds. For England/Wales the 'sedative and tranquilisers' figure relates to reported use of 'tranquilisers' and may not be fully comparable to the data reported under this heading for NI.

Scotland 2014/15 data comes from Scottish Crime Survey (used the all respondent base).

Drug related and drug misuse deaths by UK region

Two key Indicators of problematic drug use trends are drug-related deaths and drug misuse deaths, with drug misuse death being the more stringent of the two definitions. In the UK a drugs misuse death is classed as one where either a) the reason for death is drug abuse or dependence; b) the reason for death is drug poisoning and where any drug controlled under the Misuse of Drugs Act 1971 is involved. In Scotland drug-related deaths are reported by the ONS 'wide' definition which, broadly speaking most closely aligns with the drugs-related death/drug poisoning statistics reported in Northern Ireland, England and Wales. Drug-related deaths reported in Scotland under the UK Drugs Strategy 'baseline' definition most closely aligns with the drugs misuse statistics reported in Northern Ireland, England and Wales.

Both drug-related and drug misuse deaths show an upwards trend in recent years in all UK regions (Figures 10-11).[4-6] While NI and England/Wales have fairly similar drug related death and drugs misuse death rates over time, Scottish rates are consistently 2-3 times higher than all other regions. Analysis reported in Drug and alcohol findings, 2017 suggests that while Scotland has a higher proportion of problem users than other UK regions, this does not solely explain the high drug related deaths in Scotland. In fact problem users in Scotland are around 50% more likely to die from drug misuse than problem users in England; this may be linked to the lower proportion of estimated problem users in treatment in Scotland compared to England, although multiple issues (e.g. different definitions of problem drug use) make it these are difficult to be certain about treatment rates in Scotland and other UK regions. Some of upturn in drugs misuse deaths in Northern Ireland post 2013 may be due to changes in drugs included under the Misuse of Drugs Act (in NI drugs added to the act are only included in the drugs misuse figures after the revision of the act; Drug and Alcohol Findings, 2017)

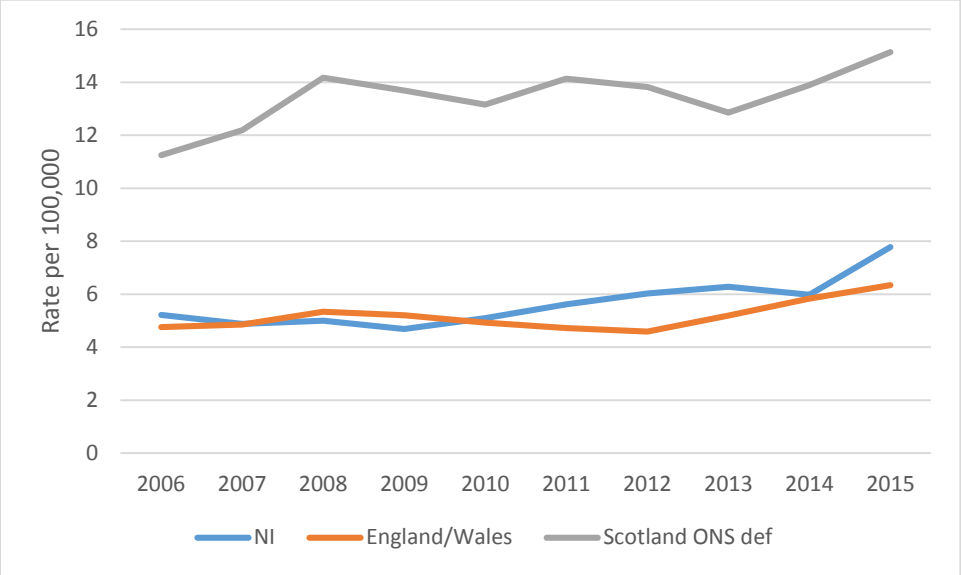

Figure 9: UK region drug-related death rates per 100,000 population: 2006-2015[4-6]

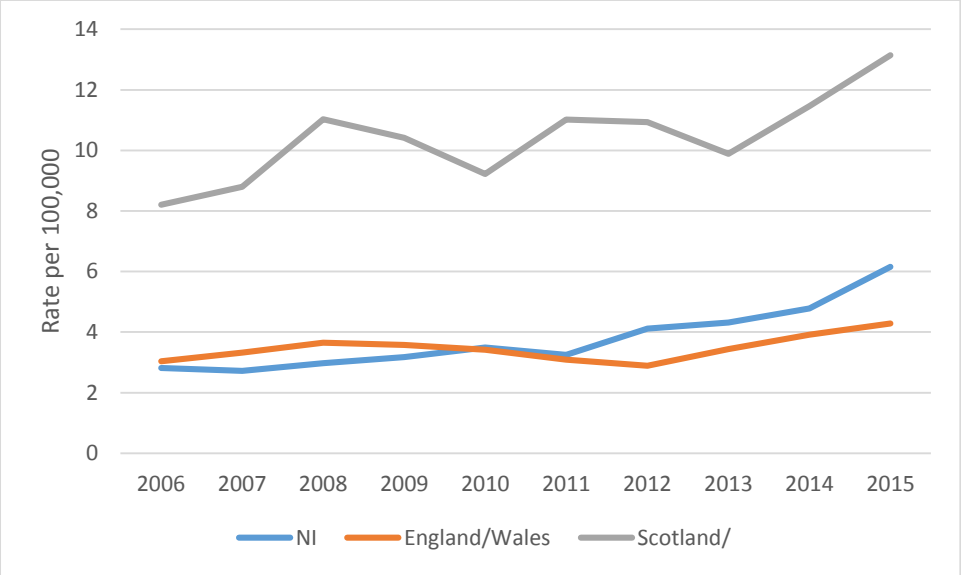

Figure 10: UK region drug misuse death rates per 100,000 population: 2006-2015. [4-6]

Mephedrone and Tramadol were controlled in 2010 and 2013 respectively. Deaths due to either of these substances are not included in the drugs misuse deaths for NI until after they are controlled.

Regional analysis for NI shows that the rate of drug misuse deaths per 100,000 was consistently highest in the Belfast HSCT over the period 2006-2015 (Figure 12).

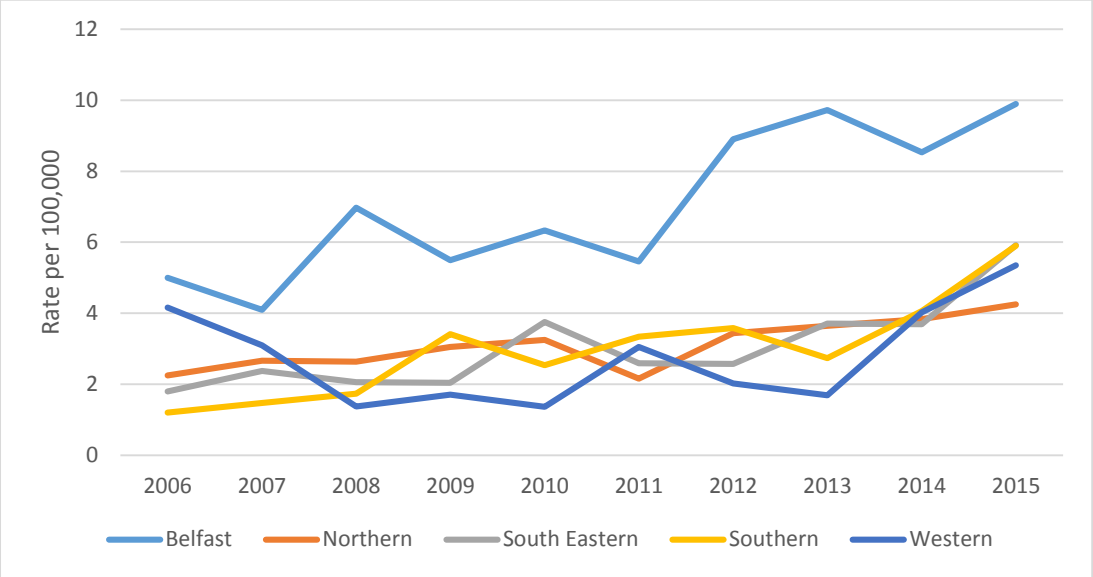

Figure 11: NI drug misuse death rates per 100,000 population by HSCT: 2006-2015[4]

UK wide analysis has highlighted that recent increases in drug-related death dates have been fuelled predominantly by opiate-related deaths (Drug and Alcohol Findings, 2017); this is thought to be linked to the aging opioid-dependent population. This increase in opiate-related deaths is illustrated using population adjusted drug-related deaths statistics where substances were mentioned on the death certificate by UK region (Tables 32-34). Note, multiple substances could be mentioned on death certificates and where a drug is mentioned on a death certificate this does not necessarily imply that it was the primary cause of death. Rate of deaths with opioids mentioned on the death certificate were highest in Scotland (11.5 per 100,000), followed by NI (4.8 per 100,000) and England/Wales (3.4 per 100,000). As a proportion of all drug-related deaths in Scotland, NI and England, opiates were mentioned on 76%, 61% and 54% of death certificates respectively in 2015.

From 2006 to 2015 the NI drug-related death rate with opioids mentioned of the death certificate doubled; additionally opioids were the most common type of drug noted on death certificates. Drug-related deaths increased by 1.6 per 100,000 population in England/Wales between 2006 and 2015. This trend was mirrored by an increase of 1.1 deaths per 100,000 population where opioids were mentioned on the death certificate. In Scotland, drug-related death rates in Scotland for all drug related deaths and those with opiates/opioids mentioned on the death certificate increased by 5.7 and 4.9 per 100,000 population respectively between 2005 and 2015.

Between 2014 and 2015 the rate of deaths with fentanyl mentioned on the death certificate shot up from 0.1 to 0.8 (15 deaths in 2015) in NI. The peak in deaths with fentanyl on the death certificate that was seen in NI in 2015 was not evident in England/Wales in the same period.

Deaths with prescription drugs such as benzodiazepines mentioned on the death certificate were consistently lower in England/Wales than in NI; for example in 2015 the rate at which benzodiazepines were mentioned on death certificates was around 5 times higher in NI than in England/Wales. Scotland had a very similar level of deaths with benzodiazepines mentioned on the death certificates compared to NI in 2015 (3.6 vs 3.4 per 100,000 population); however, as a proportion of drug-related deaths a much greater proportion of drug-related deaths in NI mentioned benzodiazepines than in Scotland (44% vs 24%). The general trend in NI and England/Wales for deaths mentioning benzodiazepines has been upwards over the past 10 years. In Scotland there was also an overall increase between 2006 and 2015, although there was also considerable fluctuation during this period.

In 2015, deaths mentioning tramadol (pain medication) occurred at a higher rate in NI than in Scotland or England (1.5, 1.0, & 0.4 per 100,000 population respectively). For all UK regions there has been a general upward trend in deaths with tramadol on the death certificate over the past 10 years.

Pregabalin (lyrica) is used to treat medical conditions such as epilepsy. Death certificates mentioning this substance were relatively uncommon, and were highest for Scotland (0.8 per 100,000 population), followed by NI (0.4 per 100,000 population) then England/Wales (0.2 per 100,000 population). Again, while the rate was higher in Scotland than NI, as a proportion of the total drug death rate, pregabalin was mentioned at similar frequency on NI than Scottish death certificates (5% for both). As with other prescription drugs, the general UK wide pattern in recent years has been an upwards trend in rates of deaths with this substance mentioned.

The death by substances on death certificate statistics suggest that while deaths where NPS are implicated are rare they have become more common in recent years. In 2015 deaths implicating NPS were most frequent in Scotland (1.4 per 100,000), followed by NI (0.9 per 100,000) then England/Wales (0.2 per 100,000).

In 2015 in Scotland of the 74 deaths where NPSs were implicated, the majority (77%) involved benzodiazepine NPSs (e.g. etizolam).

Table 32: NI Drug-related deaths rates by substance on death certificate: 2006-2015[4]

Substance	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
All drug related deaths	5.2	4.9	5.0	4.7	5.1	5.6	6.0	6.3	6.0	7.8
All Opioids	2.4	2.0	2.0	2.1	2.9	3.0	3.7	3.9	3.4	4.8
Heroin/Morphine*	0.7	0.6	0.3	0.5	0.9	0.9	1.3	1.4	0.6	1.5
Methadone*	0.1	0.1	0.1	0.1	0.2	0.2	0.3	0.3	0.4	0.3
Tramadol	0.6	0.6	0.6	0.4	0.7	0.9	1.7	1.1	1.2	1.5
Codeine not from compound formulation*	0.5	0.9	0.8	0.4	0.9	0.8	1.2	1.2	1.0	0.7
Dihydrocodeine not from compound formulation*	0.8	0.5	0.6	0.9	0.6	0.5	0.4	0.3	0.4	0.7
Oxycodone	0.1	0.2	0.1	0.2	0.5	0.3	0.1	0.5	0.4	0.6
Fentanyl	0.1	0.1		0.1	0.3	0.2	0.4	0.2	0.1	0.8
Cocaine*	0.1	0.2	0.3	0.2	0.2	0.3	0.2	0.1	0.4	0.4
All amphetamines*	0.1	0.3	0.2	0.2	0.1	0.2	0.2	0.1	0.6	0.4
MDMA/Ecstasy*	0.1	0.3	0.2	0.2	0.1	0.1	0.2	0.1	0.4	0.2

Any psychoactive substance**				0.2	0.1	0.1	0.1	0.2	1.0	0.9
Cathinones (includes Mephedrone)					0.1	0.1	0.1	0.2	0.4	0.4
All benzodiazepines*	1.5	1.6	2.0	1.6	2.2	2.0	2.6	2.6	2.4	3.4
Temazepam*	0.2	0.5	0.3	0.1	0.2	0.1	0.2		0.1	0.2
Diazepam*	1.1	1.2	1.6	1.2	1.9	1.9	2.3	2.2	2.3	3.1
Pregabalin								0.1	0.3	0.4
All antidepressants	1.4	1.1	1.5	1.5	1.2	1.1	1.5	1.5	1.6	2.1
Mirtazapine	0.2	0.2	0.3	0.1	0.3	0.2	0.3	0.3	0.6	0.6
Tricyclic antidepressants (TCA)	0.9	0.6	0.8	1.0	0.6	0.6	0.6	0.6	0.7	1.0
Dothiepin	0.2	0.2	0.3	0.3	0.1	0.2	0.3	0.2		0.2
Amitriptyline	0.5	0.4	0.4	0.5	0.4	0.2	0.2	0.5	0.7	0.9
Selective serotonin re-uptake inhibitors (SSRI)	0.3	0.4	0.3	0.3	0.4	0.3	0.5	0.4	0.3	0.4

Paracetamol (includes dextropropoxyphene or propoxyphene mentioned without paracetamol)	0.8	0.5	0.2	0.2	0.2	0.3	0.2	0.4	0.2	0.1

Note. Source NISRA. Where a drug is mentioned as being present this does not mean that it was the primary cause of death.

*A drug related death that names this substance or any substance in this class is always treated as a death due to drug misuse as these drugs are controlled for under the Misuse of Drugs Act 1971. Mephedrone and tramadol were controlled in 2010 and 2013 respectively. Deaths due to either of these substances are not included in the drugs misuse deaths for NI until after they are controlled.

** Novel psychoactive substances

Table 33: Drug-related death rates where selected drugs were named on the death certificate, England and Wales, deaths registered between 2006–2015[5]

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
All drug poisoning deaths	4.8	4.9	5.3	5.2	4.9	4.7	4.6	5.2	5.8	6.3
Any opioid (including unspecified opioids, but excluding paracetamol compounds)	2.3	2.6	2.9	2.9	2.7	2.6	2.3	2.8	3.1	3.4
Heroin and Morphine	1.3	1.5	1.6	1.6	1.4	1.1	1.0	1.3	1.7	2.1
Methadone	0.4	0.6	0.7	0.7	0.6	0.9	0.7	0.8	0.7	0.7
Tramadol	0.2	0.1	0.2	0.2	0.2	0.3	0.3	0.4	0.4	0.4
Codeine not from compound formulation[6]	0.1	0.1	0.1	0.2	0.2	0.2	0.1	0.2	0.2	0.2
Dihydrocodeine not from compound formulation	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.2	0.1	0.2
Oxycodone	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1
Fentanyl	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.1
Buprenorphine	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other specified opioid (excluding opioid and paracetamol compounds)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Unspecified opioid	0.2	0.2	0.3	0.3	0.3	0.2	0.2	0.3	0.3	0.3
Cocaine	0.4	0.4	0.4	0.4	0.3	0.2	0.2	0.3	0.4	0.6
Any amphetamine	0.2	0.2	0.2	0.1	0.1	0.1	0.2	0.2	0.3	0.3
Amphetamine	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2

MDMA/Ecstasy	0.1	0.1	0.1	0.0	0.0	0.0	0.1	0.1	0.1	0.1
PMA / PMMA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0
Cannabis	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Novel psychoactive substances	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.2
Any benzodiazepine	0.3	0.4	0.4	0.5	0.6	0.5	0.5	0.6	0.6	0.6
Diazepam	0.2	0.2	0.2	0.3	0.3	0.3	0.4	0.4	0.4	0.4
Temazepam	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.0
Zopiclone / Zolpidem	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.2
Pregabalin	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.2
Gabapentin	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Barbiturates	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1
Antipsychotics (BNF 4.2.1)	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Quetiapine	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1
All antidepressants	0.6	0.6	0.7	0.7	0.7	0.7	0.8	0.8	0.9	0.8
Tricyclic antidepressants (BNF 4.3.1)	0.4	0.4	0.4	0.4	0.3	0.4	0.4	0.4	0.4	0.4
Amitriptyline	0.2	0.2	0.3	0.2	0.2	0.2	0.3	0.3	0.3	0.3
Dothiepin	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.0
Monoamine-oxidase inhibitors (BNF 4.3.2)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Selective serotonin re-uptake inhibitors (BNF 4.3.3)	0.1	0.1	0.2	0.2	0.2	0.2	0.3	0.3	0.3	0.3
Citalopram	0.1	0.1	0.1	0.1	0.2	0.1	0.2	0.1	0.1	0.1
Other antidepressants (BNF 4.3.4)	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.3	0.2

Mirtazapine	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.2	0.1
Venlafaxine	0.1	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Paracetamol (includes dextropropoxyphene mentioned without paracetamol)[4]	0.6	0.4	0.5	0.5	0.4	0.4	0.3	0.4	0.3	0.3
Paracetamol[5]	0.5	0.4	0.4	0.5	0.4	0.4	0.3	0.4	0.3	0.3
Paracetamol & dextropropoxyphene compound formulation[4]	0.2	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Paracetamol & codeine compound formulation	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Paracetamol & dihydrocodeine compound formulation	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Paracetamol not from compound formulation	0.3	0.2	0.3	0.3	0.2	0.2	0.2	0.3	0.2	0.2

Note. Source ONS

Table 34: Drug-related death rates where selected drugs were named on the death certificate, Scotland, 2006–2015[6]

Drugs	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
All drug-related deaths (on the 'wide' definition)	**9.4**	**11.2**	**12.2**	**14.2**	**13.7**	**13.2**	**14.1**	**13.8**	**12.9**	**13.9**	**15.1**
Amitriptyline	0.6	0.6	0.5	0.8	0.6	0.8	0.7	0.8	1.1	0.8	0.9
Amphetamines	0.2	0.2	0.2	0.2	0.1	0.1	0.5	0.3	0.5	0.4	0.3
Anti-depressants	1.3	1.8	1.6	1.9	1.9	2.3	2.2	2.3	2.3	1.9	2.5
Anti-psychotics	0.1	0.4	0.5	0.5	0.4	0.4	0.6	0.7	0.5	0.4	0.6
Benzodiazepines	2.2	1.8	2.1	2.9	3.0	2.4	3.5	3.7	2.8	2.3	3.6
Cannabis	0.1	0.1	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Cocaine	0.9	0.6	0.9	0.8	0.6	0.6	0.7	0.6	0.8	0.8	1.7
Codeine or a compound thereof	0.4	0.7	0.6	0.8	0.9	0.4	0.9	0.8	0.9	0.8	0.7
Dihydrocodeine or a compound thereof	1.0	0.9	1.1	1.4	1.2	1.2	1.6	1.6	1.5	1.3	1.8
Diazepam	1.8	1.5	1.5	2.2	2.3	1.8	2.3	3.0	2.0	1.6	2.4
Ecstasy-type	0.2	0.2	0.2	0.1	0.0	0.0	0.2	0.2	0.3	0.3	0.3
Gabapentin	0.0	0.0	0.0	0.1	0.0	0.1	0.2	0.5	1.0	1.3	1.9

Heroin/diamorphine or Morphine	3.8	5.1	5.6	6.3	6.2	4.9	3.9	4.2	4.1	5.8	6.5
Heroin / morphine, Methadone or Buprenorphine	4.8	6.4	7.2	8.6	8.4	7.6	8.1	7.6	7.2	8.5	9.2
Methadone	1.4	1.9	2.2	3.3	3.4	3.4	5.2	4.5	4.1	4.0	4.7
Mirtazepine	0.1	0.1	0.2	0.2	0.3	0.2	0.3	0.5	0.5	0.4	0.7
Opiate or opioid	6.6	7.9	8.7	10.6	10.3	9.1	10.5	10.0	9.4	10.3	11.5
Paracetamol or a compound	1.2	1.0	1.1	1.1	0.8	0.9	0.8	0.7	0.7	0.8	0.7
Phenazepam	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.4	0.6	0.1	0.1
Pregablin	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.2	0.5	0.8
Temazepam	0.1	0.2	0.1	0.1	0.2	0.1	0.2	0.1	0.1	0.1	0.1
Tramadol	0.3	0.3	0.5	0.6	0.8	0.8	0.6	0.9	1.2	0.7	1.0
Novel Psychoactive substances	0.0	0.0	0.0	0.0	0.1	0.2	0.5	0.6	1.1	1.2	1.4
Alcohol	2.6	2.9	3.5	3.8	3.6	2.9	2.8	2.6	2.4	2.2	2.3

Source. National Records Scotland.

Opiate or opioid includes for example, co-codamol, codeine, dihydrocodeine, heroin, methadone, morphine, oxycodone and tramadol.

Benzodiazapines includes diazepam and temazepam.

More than one substance may be reported per death. These are mentions of a substance, so do not add up to the overall total. Up to 2007, some pathologists reported only those drugs which they thought caused, or contributed to, the death. With effect from 2008, pathologists report separately:

(a) drugs which were implicated in, or which potentially contributed to, the cause of death; and

(b) other drugs which were present but which were not considered to have had any direct contribution to the death.

The figures for 2008 onwards are on the first basis - i.e. basis (a) - which has been the standard basis for figures for individual drugs with effect from 'Drug-related Deaths in Scotland in 2009'.

Service users presenting with problem drug use by UK region

UK regional drug misuse databases provide an indication of recent drug use by problem users; data presented here have been sourced from these databases. [7-12] This analysis refers to any drug used (rather than main drug used). According to the NI Drugs Misuse Database (NIDMD), for service users presenting with problem drug misuse, the most common drug that they used was cannabis (Table 35), and this increased in popularity from 2012/13 to 2015/16. Benzodiazapine and cocaine use were also commonly reported. Some drugs appeared to have fallen in popularity amongst service users with problem drug use such as ecstasy. NPS use was only record from 2014/15 onwards and was used by 4-7%.

The Scottish Drugs Misuse Database (SDMD) holds information on individuals presenting for initial assessment (for a new drug treatment episode) at specialist drug services (Table 36). Detailed data for 2015/16 were obtained from the Information Services Division website (this level of detail was not available for previous years). Those recorded in the SDMD were asked what drugs they has used recently (base total n in database); they could name up to five drugs (*The all drug indicator was selected for this analysis)*. Adult substance misuse statistics were obtained for England from the National Drug Treatment Monitoring System (NDTMS) (Table 37). While this database also included individuals who were in treatment for alcohol-only related substance use, the most comparable figures to NI and Scotland are those who are only in receipt of alcohol treatment. In future year this may change as from 1st April 2016 the NI Drugs Misuse database will be replaced by the NI substance misuse database which will contain data on alcohol.

Compared to the NIDMD, those recorded in the SDMD were more likely to report heroin use (10% vs 37%). In England/Wales overall opiate use is reported for services user with problem use; in 2015/16 nearly three quarters were classed as opiate users.

Cannabis and *cocaine* use was more frequently reported (2 - 3.5 times) in the NIDMD than the SDMD and in England/Wales.

In NI in 2015/16, 37% of service users with problem drug use reported using *benzodiazepines*, compared to 21% reporting diazepam use in Scotland and 10% reporting benzodiazepine use in England/Wales.

Both NI and England Wales report on a *novel psychoactive substances* (NPS) category. In 2015/16 in NI 7% of service users with problems drug use reported mention NPS use compared to 1.3% in England/Wales. A specific NPS category was not reported in Scotland.

Table 35: Type of drugs used (%) by service users with problem drug use recorded in the NI Drugs Misuse Database: 2012/13 - 2015/16. [7-10]

	NI			
	2012/13	2013/14	2014/15	2015/16
Cannabis	58	62	65	66
Benzodiazepines	44	37	36	37
Other hypnotics	5	6	2	3
Cocaine	27	30	34	35
Methedrone/mephedrone	16	15	17	10
Ecstasy	20	17	13	10
Speed	-	-	6	3
Novel Psychoactive Substances	-	-	4	7
Other stimulants	10	14	3	2
Tramadol	-	-	12	10
Heroin	9	10	11	10
Codeine & Paracetamol	5	5	5	5
Codeine	-	-	4	3
Other Opiates	18	19	8	7
Solvents	2	2	1	1
Other drugs	7	8	10	10

Table 36: Substance breakdown of all clients in treatment in Scotland: 2015/16[12]

Heroin	36.9%
Methadone	4.3%
Dihydrocodeine	2.8%
Other ORT drugs	4.5%
Other Opiates	3.0%
Diazepam	20.5%
Other Sedatives	2.6%
Cannabis	23.2%
Cocaine all.	10.3%
Amphetamines	2.4%
Ecstasy	2.0%
Mephedrone	1.7%
Other drugs	5.5%

Source: ISD http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2017-04-04/SDMD_dashboard.swf?14:04:38

Table 37: Substance breakdown of all adult clients in treatment in England: 2015/16[11]

	adults (excluding alcohol only treatment)	adults (including alcohol only treatment)
opiate (not crack)	43.3%	30.5%
both opiate and crack	30.2%	21.3%
crack cocaine	2.2%	1.6%
cannabis	29.4%	20.7%
cocaine	13.7%	9.7%
benzodiazepine	10.2%	7.2%
amphetamine (other than ecstasy)	6.9%	4.9%
other drug	2.0%	1.4%
hallucinogen	0.6%	0.4%
other prescription drug	0.3%	0.2%
anti-depressant	0.3%	0.2%
solvent	0.2%	0.1%
major tranquiliser	0.1%	0.1%
barbiturate	0.0%	0.0%
mephedrone	1.4%	1.0%
novel psychoactive substances	1.3%	0.9%
ecstasy	1.1%	0.8%
ketamine	0.4%	0.3%
GHB/GBL	0.3%	0.2%
methamphetamine	0.3%	0.2%

Note individuals may present with more than one problematic substance use.

Other drug includes all other substances cited not listed in the table apart from ecstasy and NPS.

As Figures 12-14 show that there is regional variation for NI in drug use reported by service users with problem drug use, as recorded in the NI Drugs Misuse database (2015/16). For example, cocaine, heroin and tramadol use were more commonly reported in prison than non-prison services. Additionally, NPS use was much more frequently reported in the Western services than in any other areas. Note, services across trusts vary and this may reflect on the regional drug misuse patterns; for example in the South Eastern Trust area special

benzodiazepines Projects exist, hence the greater numbers of clients reporting for treatment in these areas.

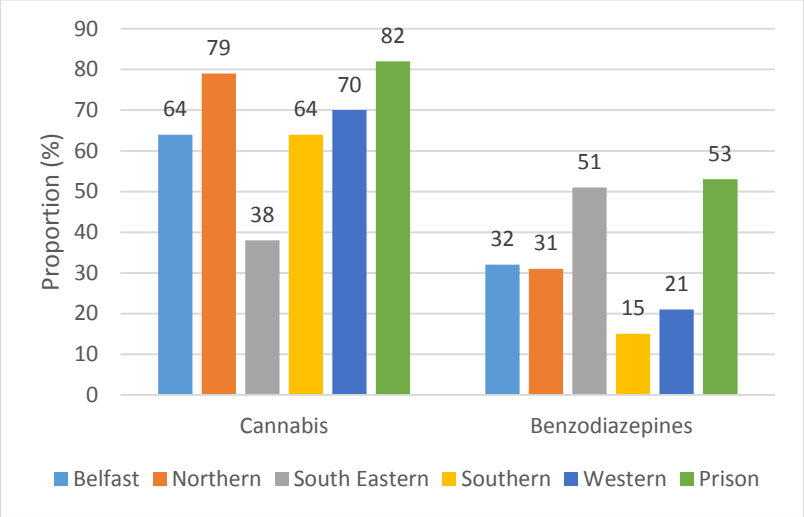

Figure 12: Proportion of NI service users with problem drug use who reported using hypnotics in 2015/16 by service region[10]

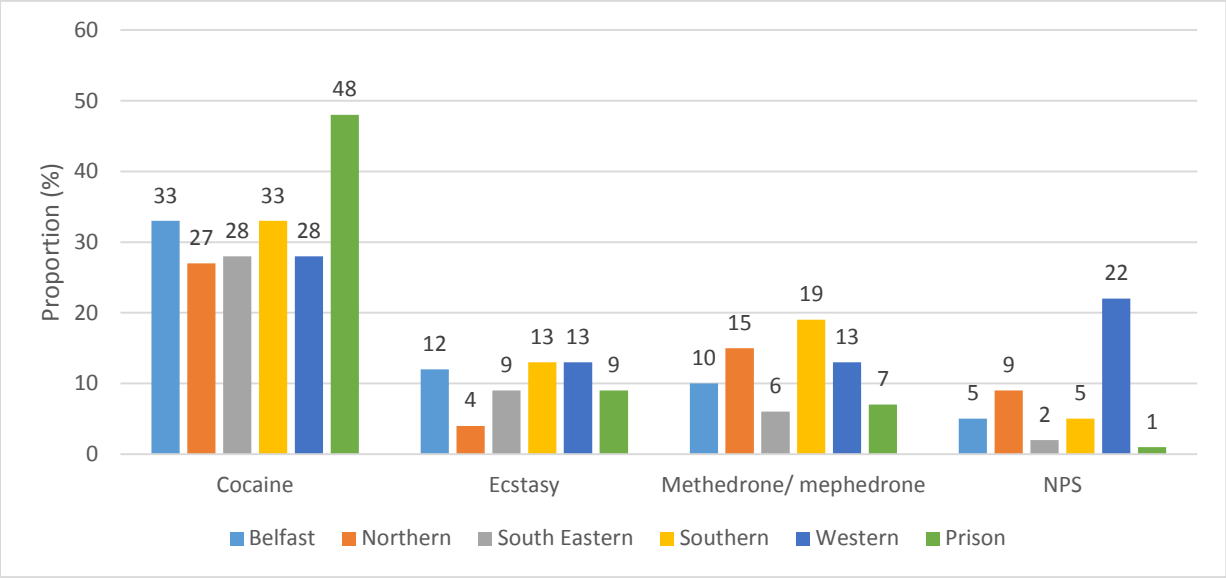

Figure 13: Proportion of NI service users with problem drug use who reported using stimulants in 2015/16 by service region[10]

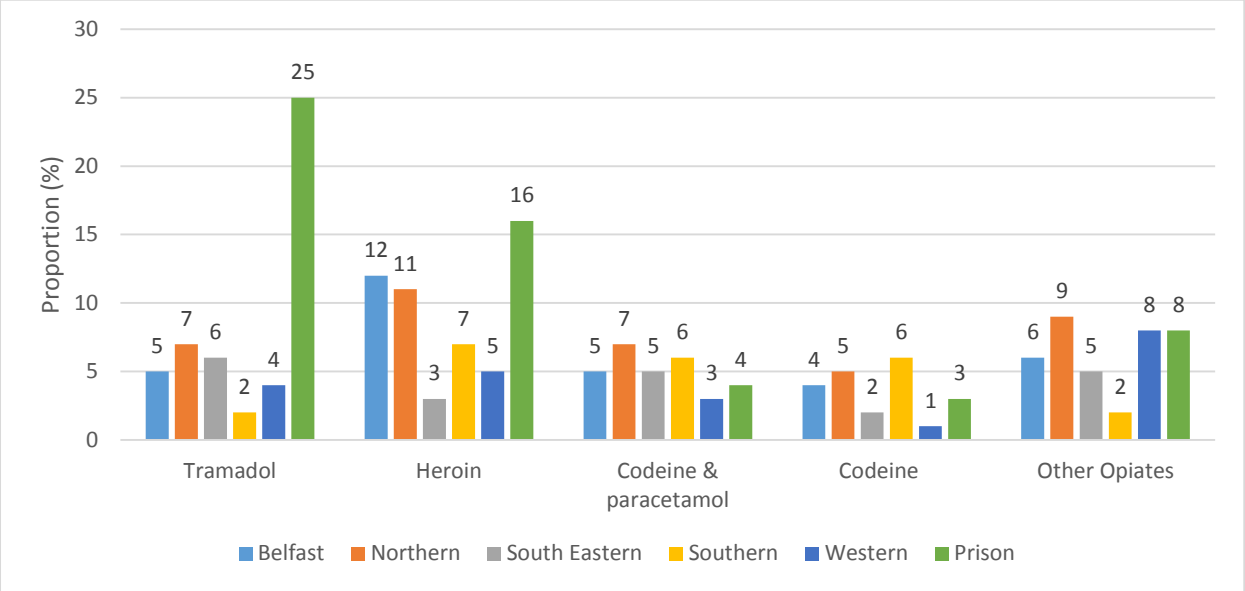

Figure 14: Proportion of NI service users with problem drug use who reported using opioid analgesics in 2015/16 by service region[10]

Detailed drug misuse data for Northern Ireland

Gender and age

The upwards trend in the NI drug misuse deaths appears to have been driven by greater levels among males; Figure 15 shows a divergence over time in male and female drug misuse death rates.

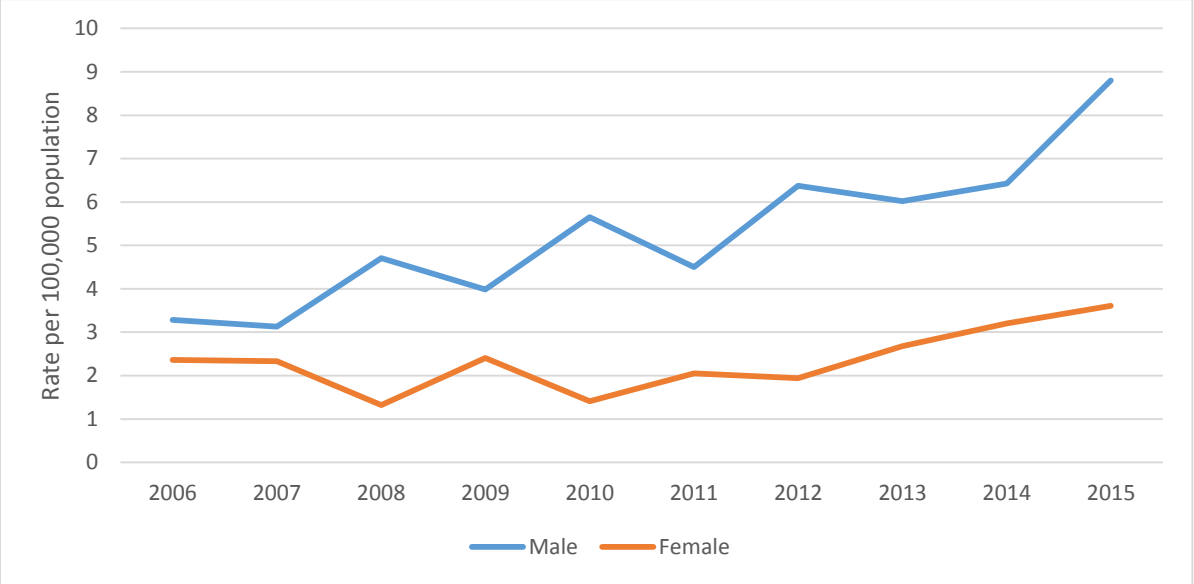

Figure 15: NI Drug related death and drug misuse death rates per 100,000 population by gender: registration years 2006-2015[4]

Figure 16 shows the breakdown of drug misuse deaths by age group. Generally speaking from 2006 to 2015 rates of drug misuse deaths were highest in the 25-34 and 35-44 year old age categories. There has been a spike in drug misuse deaths in 25-34 year olds in recent years, up from 6 per 100,000 in 2013 to 15 per 100,000 in 2015

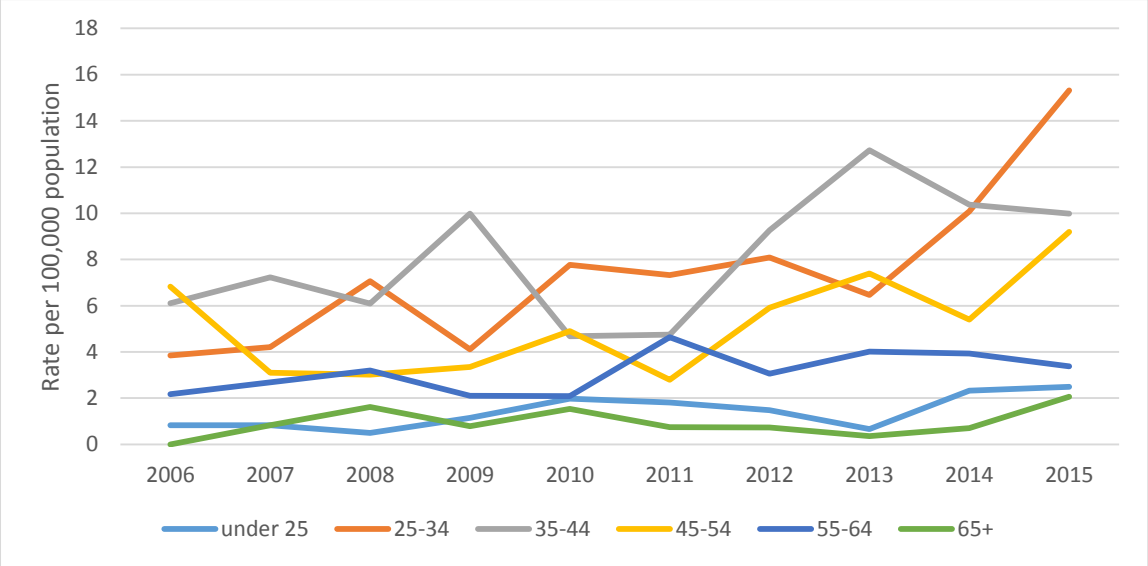

Figure 16: NI drug misuse death rates per 100,000 population by age band: 2006-2015[4]

Population adjusted rates by gender and age band of NI service users with problem drug use recorded in the NI Drugs Misuse Database are shown in Figure 17. Service user rates were considerably higher for males aged 26-39 years and, in particular, males aged 18-25 years during the period 2006 to 2015.

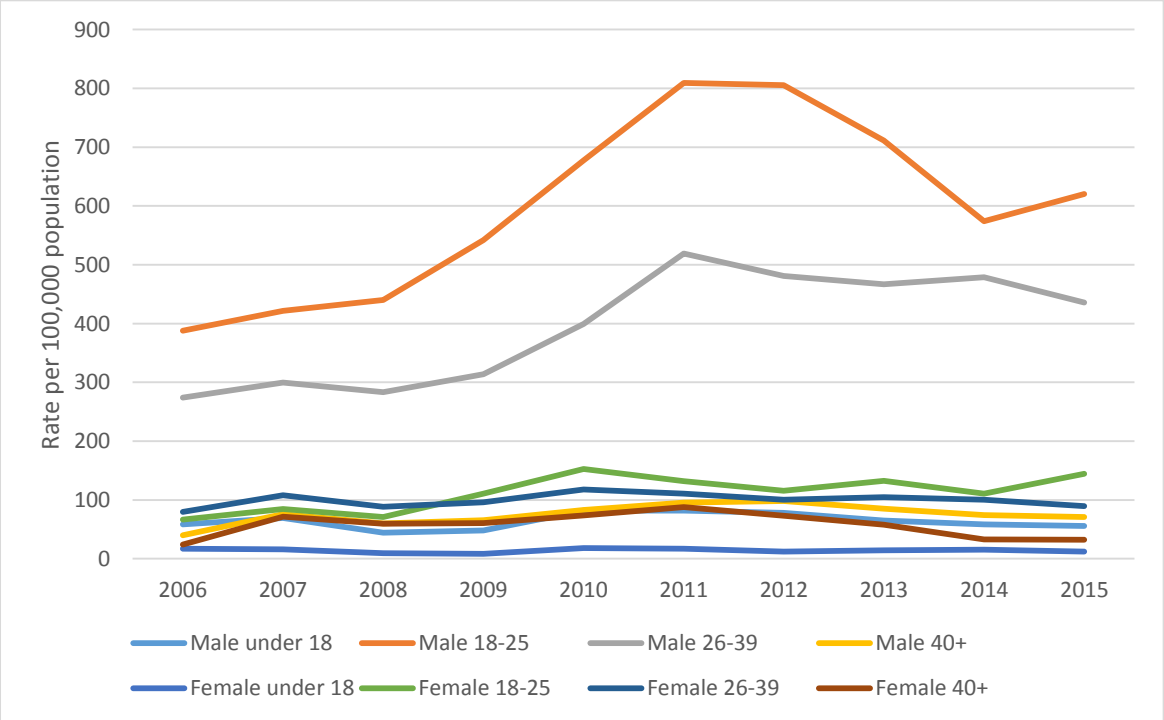

Figure 17: Population adjusted (per 100,000 population) service user with problem drug use rates in NI by gender and age bands[7-10]

Other demographic patterns

A third (34%) of clients reported on in the NI Drugs Misuse Database reported having children in 2015/16. In 2015/16, 43% of clients reported on in the NI Drug Misuse Database were not employed and 2% were retired. More than one-tenth of clients (13%) had a job and 5% were students.

Frequency of use

The vast majority of those presenting to services with problem drug use in NI reported using at least one drug on a daily basis (Table 38), and this proportion increased slightly between 2012/13 and 2015/16 (79-84). Daily use reports were consistently higher for prison clients from 2012/13 to 2014/15 (85-92) (2015/16 data not available).

From 2012/13 to 2015/16, most NI service users with problem drug who reported using other hypnotics, cannabis, benzodiazepines, codeine and paracetamol, codeine, tramadol, other opiates and heroin used on a daily basis. Weekly use was the most frequent form of use for those using NPS, methedrone/mephedrone, cocaine, speed, ecstasy and other stimulant drugs.

Table 38: Frequency of drug use (%) for service users with problem drug use recorded in the NI Drugs Misuse Database: 2012/13 - 2015/16. [7-10]

	2012/13	2013/14	2014/15	2015/16
daily	79	80	81	84
weekly	12	11	11	11
monthly	1	1	1	1
occasionally	8	8	7	4

Number of drugs/problem drugs being used

In NI, over the period from 2006 to 2015 the proportion of drug-related deaths with one drug mentioned on the death certificate decreased, while the overall proportion for multiple drugs increased (Figure 18),. .

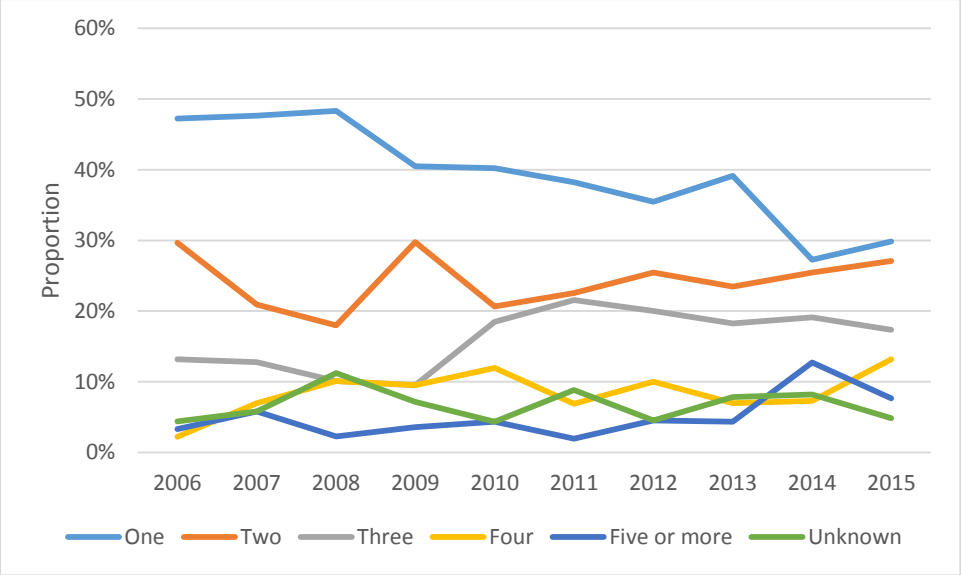

Figure 18: Proportions of drug-related deaths by number of substances reported on the death certificate: 2006-2015[4]

NI Drugs Misuse Database statistics for 2015/16 (see Figure 19) show that those not in prison are more likely to report having one drug of misuse (46%) relative to clients in prison (20%). I.e. prison clients more likely to misuse multiple drugs.

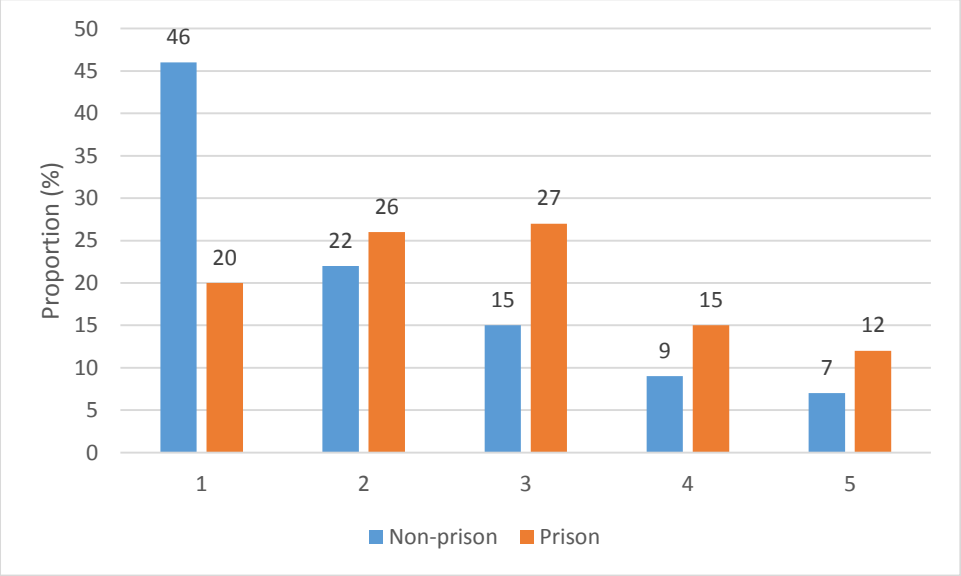

Figure 19: Number of drugs used for service users with problem drug use recorded in the NI Drugs Misuse Database in 2015/16[10]

Drug combinations

Figure 20: shows the drug-use combinations reported by non-prison and prison based service users with problem drug use in 2015/16 in the NI Drugs misuse database. In 2015/16, 40% of non-prison clients reported using hypnotics only compared to 23% of prison clients.

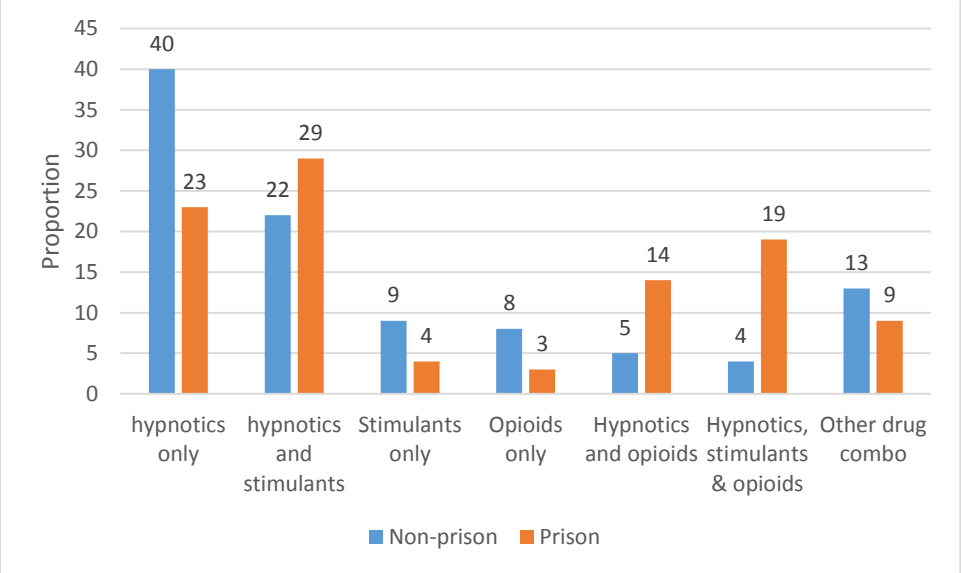

Figure 20: Drug combinations used by service users with problem drug use recorded in the NI Drugs Misuse Database in 2015/16[10]

Age of first use

In 2015/16, amongst those recording in the Drug Misuse Database as having use cannabis, the vast majority had tried before age 16. By contrast, it was very unusual for heroin or other opiates users to report first trying these substances before age 18 years. The majority of those using other hypnotics didn't try them until age 40 or above

Route of use

In the NI Drugs Misuse Database in 2015/16, sniffing was recorded as the main route of use for cannabis. Sniffing for cocaine, methedrone/mephedrone, and solvents. Oral use was the most common route of use for benzodiazepines, other hypnotics, ecstasy, codeine and paracetamol, tramadol, codeine, and other opiates. Amongst heroin users recorded in the NI Drugs Misuse Database 54% reported injecting, while 43% preferred to smoke it.

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